Level IV	Level V
1. Trauma System	
Time Sensitive Emergencies (TSE)	
1.1 The center is involved in regional trauma system planning, development, and operation. (I)	1.1 The center must participate in their Regional Time Sensitive Emergency (TSE) Committee. E
Center Mission	
1.2 There is a current resolution supporting the trauma center from the medical staff.	1.2 There is a current resolution supporting the trauma center from the medical staff.
1.3 There is a current resolution supporting the trauma center from the hospital board.	1.3 There is a current resolution supporting the trauma center from the hospital board.
1.4 There is sufficient infrastructure, staff, equipment, and support to the trauma program to provide adequate provision of care.	1.4 Center is a health care facility as defined in section 10 of the TSE Rules) with the commitment, medical staff, personnel, and training necessary to provide initial care and stabilization of the trauma patient. E
2. Description of Trauma Center	
Description of the Trauma Center	
2.2 The trauma program is empowered to address issues that involve multiple disciplines.	2.2 The trauma program is empowered to address issues that involve multiple disciplines.
2.8 Center provides initial resuscitation of the trauma patient and immediate intervention to control hemorrhage and to assure maximum stabilization prior to referral to an appropriate higher level of care.	2.8 Center provides initial resuscitation of the trauma patient and immediate intervention to control hemorrhage and to assure maximum stabilization prior to referral to an appropriate higher level of care. E
Trauma Leadership	
Trauma Medical Director	
2.10 The trauma program has a Trauma Medical Director with the authority and administrative support to lead the program. (I)	2.10 The trauma program has a Trauma Medical Director with the authority and administrative support to lead the program. E
2.12 The Trauma Medical Director is current in ATLS. (I)	2.12 The Trauma Medical Director is current in ATLS. E
2.15 The Trauma Medical Director maintains personal involvement in patient care, staff education, and professional organizations. (I)	2.15 The Trauma Medical Director maintains personal involvement in patient care, staff education, and professional organizations. E
2.17 The Trauma Medical Director must work with midlevel providers to ensure appropriate orientation, credentialing, and skill maintenance. (II)	2.17 Trauma team providers who are reviewed by the Trauma Medical Director and credentialed by the medical staff and governing board. E
2.21 The Trauma Medical Director is responsible for developing and directing the quality improvement program. (I)	2.21 The Trauma Medical Director is responsible for developing and directing the quality improvement program. E
2.28 The Trauma Medical Director is accountable for all trauma care and exercises administrative authority for the trauma program. (I)	2.28 The Trauma Medical Director is accountable for all trauma care and exercises administrative authority for the trauma program. E
2.29 The Trauma Medical Director participates in the internal trauma QI process by attending at least 50% of meetings. (I)	2.29 The Trauma Medical Director participates in the internal trauma QI process by attending at least 50% of meetings. E
Trauma Program Manager	

2.30 The center has a Trauma Program Manager. The Trauma Program Manager shows evidence of educational preparation and clinical experience caring for injured patients. (I)	2.30 The center has a Trauma Program Manager. The Trauma Program Manager shows evidence of educational preparation and clinical experience caring for injured patients. E
2.31 The Trauma Program Manager is responsible for the use of trauma registry data for quality improvement and trauma education. (I)	2.31 The Trauma Program Manager is responsible for the use of trauma registry data for quality improvement and trauma education. E
2.32 The Trauma Program Manager works with the Trauma Medical Director to address the multidisciplinary needs of the trauma program. (I)	2.32 The Trauma Program Manager works with the Trauma Medical Director to address the multidisciplinary needs of the trauma program. E
2.33 The Trauma Program Manager serves as a liaison to local EMS agencies and accepting centers. (I)	2.33 The Trauma Program Manager serves as a liaison to local EMS agencies and accepting centers. E
3. Clinical Functions	
3.1 The criteria for graded activation must be clearly defined by the center, with the highest level of activation including the six required criteria listed in Table 1. (II)	3.1 The criteria for activation must be clearly defined by the center. D
3.2 At minimum, the six criteria listed in Table 1 to be included in the highest level of activation in all trauma centers. (II)	
3.6 The center must be able to provide the necessary human and physical resources to properly administer acute care consistent with Level IV verification. (I)	3.6 The center is staffed to ensure immediate and appropriate care to trauma patients during hours of operation. E
3.7 The center has written protocols to determine which types of patients are admitted and which are transferred. E	3.7 The center has written protocols to determine which types of patients are admitted and which are transferred. E
3.8 The center must be the local trauma authority and assume the responsibility for providing training for prehospital and hospital-based providers. (II)	3.8 The center must be the local trauma authority and assume the responsibility for providing training for prehospital and hospital-based providers. D
3.9 The center has established protocols to ensure immediate and appropriate care of the adult and pediatric trauma patient. (I)	3.9 The center has established protocols to ensure immediate and appropriate care of the adult and pediatric trauma patient. E
Trauma Team	
3.10 Criteria for all levels of Trauma Team activation (TTA) must be defined and reviewed annually. See table 1 for minimum acceptable criteria. (II)	3.10 The center's policy and procedures describe the role of all personnel on the Trauma Team. E
	3.11 At a minimum, the Trauma Team consists of:
	a. A physician or midlevel provider; and E
	b. A registered nurse or licensed practical nurse. E
3.12 All general surgeons, emergency providers, and midlevel providers on the Trauma Team have completed ATLS at least once. (II)	
3.13 The Trauma Team must be fully assembled within 30 minutes of notification or patient arrival (whichever is shorter) with an achievement rate of 80%. (II)	

3.14 Trauma team members participate in multi-disciplinary trauma committee and the quality improvement process. (I)	3.14 Trauma team members participate in multi-disciplinary trauma committee and the quality improvement process. E
3.15 Trauma Team physicians and midlevel providers are credentialed by the medical staff and governing board. (I)	3.15 Trauma Team physicians and midlevel providers are credentialed by the medical staff and governing board. E
Emergency Department (ED)	
3.16 The physician or midlevel provider will be in the emergency department (ED) on patient arrival for the highest level of activation, provided there is adequate notification from the prehospital providers. The maximum acceptable response time is 30 minutes from patient arrival in the ED. The PIPS program must demonstrated that the provider's presence is in compliance at least 80% of the time. (I)	3.16 During hours of operation, the center has a heath care provider(s) (MD, DO, FNP, PA) available. The provider must be on-site within 30 minutes of patient arrival with an 80% achievement rate. E
3.17 The center must have emergency coverage by a physician or midlevel provider 24/7. (I)	
3.18 The ED must be adequately staffed and capable of performing resuscitation 24/7. (I)	3.18 The center is staffed by RN/LPSs during hours of operation at levels necessary to meet the needs of the trauma patient. E
3.22 ED providers must have completed ATLS at least once. (II)	3.22 Trauma providers must have documentation of training and knowledge of care for the trauma patient. E
3.23 Midlevel providers who participate in the initial evaluation of trauma patients must maintain current ATLS certification. (II)	3.23 Where midlevel providers (Nurse Practitioners or Physician Assistants) staff the emergency department (ED), there must be documentation of training and knowledge of care for the trauma patient. E
Radiology	
3.86 Conventional radiology services (non-CT) must be available 24/7. (I)	3.86 The center has a written policy to delineate the availability of CT services to the trauma patient. E
Other Surgical Specialists	
	3.110 The center has a posted list of specialists who are promptly available from inside and outside of the center. E
Laboratory	
3.113 Laboratory services are available 24/7 for the standard analysis of blood, urine, and other body fluids, including microsampling when appropriate. (I)	
3.115 The blood bank must be capable of blood typing and cross-matching. (I)	
3.116 The center must have a transfusion protocol developed collaboratively between the trauma service and the blood bank. (I)	
Nutrition	
3.117 Nutrition support services are available.	
Social Services	
3.118 The hospital has social services.	

3.119 The center must screen all trauma patients for alcohol use and provide a brief intervention if appropriate. (II)	
4. Prehospital Trauma Care	
4.1 The trauma program participates in prehospital care protocol development and the PIPS program.	
5. Interhospital Transfer	
5.1 The decision to transfer an injured patient to a specialty care facility in an acute situation is based solely on the needs of the patient. (I)	5.1 The decision to transfer an injured patient rests with the attending provider and is based solely on the needs of the patient. E
5.2 There are transfer protocols in place with higher level trauma centers as well as specialty referral centers (e.g. burn, pediatric, and rehabilitation centers). (I)	5.2 There are transfer protocols in place with higher level trauma centers as well as specialty referral centers (e.g. burn, pediatric, and rehabilitation centers). E
5.3 A mechanism for direct physician-to-physician contact in present for arranging patient transfer.	5.3 A mechanism for direct physician-to-physician contact in present for arranging patient transfer.
5.4 Centers that refer burn patients to a designated burn center must have in place written transfer protocols with a referral burn center. (II)	5.4 Centers that refer burn patients to a designated burn center must have in place written transfer protocols with a referral burn center. D
5.6 The center must have guidelines addressing which patients (including pediatric patients) should be transferred and the safe transport of those patients. (I)	5.6 The center must have guidelines addressing which patients (including pediatric patients) should be transferred and the safe transport of those patients. E
6. PIPS	
6.1 The center must have a PIPS program to ensure optimal care and continuous improvement of care. (I)	6.1 The center must have a PIPS program to ensure optimal care and continuous improvement of care. Can be fulfilled by participation in Regional QI case reviews. E
6.2 The PIPS program is supported by a reliable method of data collection that consistently gathers valid and objective information necessary to identify opportunities for improvement. (II)	6.2 The PIPS program is supported by a reliable method of data collection that consistently gathers valid and objective information necessary to identify opportunities for improvement. E
6.3 System and process issues (such as documentation and communication), clinical care issues (including identification and treatment of immediate life-threatening injuries), and transfer decisions must be reviewed by the PIPS program (I)	
6.5 The trauma program must use clinical practice guidelines, protocols, and algorithms derived from evidence-based validation resources to achieve benchmark goals. (II)	
6.6 All process and outcome measures must be documented in a written PIPS plan and updated annually. (II)	
6.8 The process of analysis occurs at regular intervals to meet the needs of the program. I	6.8 The process of analysis occurs at regular intervals to meet the needs of the program. E
6.10 The process demonstrates problem resolution (loop closure). I	

6.11 The center is able to separately identify the trauma patient population for review. I	6.11 The center is able to separately identify the trauma patient population for review. E
6.12 The PIPS program must have audit filters to review and improve pediatric and adult patient care. (II)	6.12 The PIPS program must have audit filters to review and improve pediatric and adult patient care. D
6.13 The center uses the registry to support its PIPS program. I	6.13 The center uses the registry to support its PIPS program. E
6.14 Deaths are categorized as unanticipated mortality with opportinity for improvement, anticipated mortality with opportunity for improvement, or mortality without opportunity for improvement. I	6.14 Deaths are categorized as unanticipated mortality with opportinity for improvement, anticipated mortality with opportunity for improvement, or mortality without opportunity for improvement. E
6.15 The PIPS program reviews the organ donation rate. II	
6.16 The PIPS program has defined conditions requiring the surgeon's immediate hospital presence if available. I	
6.17 The PIPS program ensures that the PACU has the necessary equipment to monitor and resuscitate patients if available. I	
6.18 All Trauma Team activations must be categorized by the priority of response and quantified by number and percentage. (II)	
6.19 The center's PIPS program must work with receiving facilities to provide and obtain feedback on all transferred patients. I	6.19 The center's PIPS program must work with receiving facilities to provide and obtain feedback on all transferred patients. E
6.20 The PIPS program evaluates OR availability and delays when an available on-call team is used. II	
6.23 If available, delays in trauma surgeon response time must be monitored and reviewed for cause of delay and opportunities for improvement. Corrective actions must be documented. (II)	
6.24 Programs that admit (inpatient or observation) more than 10% of injured patients to nonsurgical services demonstrate the appropriateness of that practice through the PIPS program. I	
6.25 The adult trauma center that treats children reviews the care of injured children through the PIPS program. II	
6.26 In centers with ICUs, transfers to a higher level of care must be reviewed to determine the rationale for transfer, adverse outcomes, and opportunities for improvement. (II)	
6.27 If the center has an ICU, the PIPS program must document that timely and appropriate care and coverage are being provided. (II)	
6.28 The center must perform a PIPS review of all admissions and transfers. (I)	6.28 The center must perform a PIPS review of all admissions and transfers. E

6.31 The results of analysis are documented and define corrective strategies. II	6.31 The results of analysis are documented and define corrective strategies. D
	6.32 The center's registered nursing staff must participate in the internal trauma QI program. E
6.33 The center must have a system to notify dispatch and EMS agencies when on divert status.	6.33 The center must have a system to notify dispatch and EMS agencies when on divert status.
	6.34 The center has a functioning internal QI process that:
	a. Has clearly stated goals and objectives; E
	b. Develops standards of care; E
	c. Has a process to train trauma providers; D
	d. Has explicit quality indicators and filters; E
	e. Has a peer review process that includes prehospital providers; E
	f. Has a method for comparing patient outcomes with computed survival
	g. Evaluates autopsy information on all trauma deaths. D
7. Trauma Program Operational Process Performance Committee (TPOPPC)	
7.1 There is a TPOPPC. This multidisciplinary committee addresses, assesses, and corrects global trauma program and system issues. This committee handles process, includes all program-related services, meets regularly, takes attendance, has minutes, and works to correct all overall program deficiencies to continue to optimize patient care. I	
7.2 The TPOPPC must meet regularly, with required attendance of medical staff active in trauma resuscitation, to review systemic and care provider issues, as well as propose improvements to the care of the injured. (I)	
8. Time Sensitive Emergency (TSE) Registry	
8.1 Trauma registry data are collected, analyzed, and used to support the PIPS program. I	8.1 Trauma registry data are collected, analyzed, and used to support the PIPS program. E
8.2 Data are submitted to the Idaho TSE Registry (Idaho Trauma Registry). At least 80% of cases must be entered into the registry within 180 days of treatment.(II)	8.2 Data are submitted to the Idaho TSE Registry (Idaho Trauma Registry). At least 80% of cases must be entered into the registry within 180 days of treatment. E
8.3 There is a process in place to verify that TSE Registry data is accurate and valid. I	8.3 There is a process in place to verify that TSE Registry data is accurate and valid. E
8.4 The trauma program ensures that trauma registry confidentiality measures are in place. I	8.4 The trauma program ensures that trauma registry confidentiality measures are in place. E
9. Outreach & Education	
9.1 The center must provide annual public and professional education. (II)	9.1 There is evidence that the center supports public education and awareness. E
10. Prevention	

10.1 The center participates in injury prevention. I	10.1 The center participates in injury prevention. E
10.2 The center must have someone in a leadership position that has injury prevention as part of his or her job description. (II)	
10.3 The center bases injury prevention activities on local data. II	10.3 The center bases injury prevention activities on local data. D
11. Disaster Planning and Management	
11.1 The center meets the disaster-related National Incident Management System. I	
11.2 The Trauma Medical Director is a member of the center's disaster committee. I	
11.3 The center must participate in regional disaster management plans and exercises. (II)	
11.4 The center has a disaster plan described in its Disaster Manual. (II)	11.4 The center has a disaster plan described in its Disaster Manual. E
12. Organ Procurement	
12.3 The center has written protocols for declaration of brain death. (II)	